

1.) CORPORATION NAME:

Crisis Prevention Institute, Inc.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1866161**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10850 W. PARK PLACE STE 600

CITY/ST/ZIP: MILWAUKEE, WI 53224

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	PETER C BROCKWAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	225 NE MIZNER BLVD STE 700 BOCA RATON, FL 33432		
CITY/ST/ZIP/CO:			
NAME:	ANTHONY JACE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10850 W. PARK PLACE STE 600		
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53224		
NAME:	ANTHONY JACE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10850 W. PARK PLACE STE 600		
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53224		
NAME:	MICHAEL E MORAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	225 NE MIZNER BLVD STE 700 BOCA RATON, FL 33432		
CITY/ST/ZIP/CO:			
NAME:	JUDITH SCHUBERT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10850 W. PARK PLACE STE 600		
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53224		
NAME:	LAWRENCE R. SHAGRIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	225 NE MIZNER BLVD STE 700		
CITY/ST/ZIP/CO:	BOCA RATON, FL 33432		

NAME: PETER W. KLEIN TITLE: SECRETARY ADDRESS: 225 NE MIZNER BLVD STE 700 CITY/ST/ZIP/CO: BOCA RATON, FL 33432	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JULIE KREN TITLE: CFO ADDRESS: 10850 W. PARK PLACE STE 600 CITY/ST/ZIP/CO: MILWAUKEE, WI 53224	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JUDITH SCHUBERT	JUDITH SCHUBERT, PRESIDENT	5/1/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.